



**OFFICE OF THE CHIEF PROCUREMENT OFFICER
COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018
CHICAGO, ILLINOIS 60602-1375
(312) 603-5370

THIS PURCHASE ORDER NUMBER
MUST APPEAR ON ALL PACKAGES,
INVOICES, SHIPPING PAPERS AND
DROP SHIPMENTS.

PURCHASE ORDERED ISSUED TO

769540

Phamatech Inc
10151 Barnes Canyon rd
San Diego CA 92121

DATE

5/5/2014

F.O.B. POINT

PURCHASE ORDER NO.

188393 - 000- OP

REQUISITION NO.

00113175 OR

COOK COUNTY FEIN: 36-6006541

ILLINOIS SALES TAX EXEMPT: E-9998-2013-04

FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K

SHIP TO Sheriff - Boot Camp *WC
2801 S Rockwell
Chicago IL 60602-1304

DELIVERY INSTRUCTIONS

Niki Solomon
0057

312-603-

DEPT NO

2390954

Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	Cups, Drug Testing cups, eight panel cup to test for: -Amphetamines -THC (Marijuana) -Oplate 300 -Cocaine -PCP -Methamphetamines -Oxycodone -Benzodiazepines The cup itself must be self-contained. It must include a confirmation line, temperature strip, built-in timer, a ten (10) minute maximum for the results and an accuracy of 98% or better. The cup must remain stationary during processing and it must have a built-in adulterant detection system. The cup must be Food and Drug Administration (FDA) approved and must meet Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines. Test results must be able to be photocopied. The vendor must deliver multiple shipments not to exceed two (2) shipments due to the cups' expiration date. The expiration date must be no sooner than twelve (12) months from the date of the vendor's shipment. Shipping must be included in the quote price. After award, the vendor must contact the using department prior to initial delivery.	4,000.00 EA	2.5000	10,000.00	2390954.530275
		***** Total Order *****		10,000.00	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE CHIEF PROCUREMENT OFFICER

RECEIPT CERTIFICATION (FOR DEPARTMENT USE ONLY)

I hereby certify that I have received the goods/services reflected above and that the
items referenced are in full conformity with the purchase order/contract.

Authorized Signature: _____

Date: _____

I hereby certify that this purchase is in agreement with the requisition
on file authorizing the expenditure and is properly approved.

CHIEF PROCUREMENT OFFICER

Date: _____

Shm G. M 7 May 2014

2/1

Purchase Requisition

Office of the Purchasing Agent

Cook County of Illinois

Purchase Order Number

Requisition # OR 113175 Contract # 1426-13618

Open Date

Ship To: 461073 Sheriff - Boot Camp

2801 S Rockwell

Chicago IL 60602-1304

Delivery Instructions:

NIKI Solomon

312-603-0057

Supplier: 299999

TEAM LEAD MAILBOX

Buyer Number

Bid/Sole Src Code

Business Unit

Internal Req Number

Board Apr Date & Item

Requisition Date

Date Needed

BSP

2390954

42390021

4/1/2014

4/1/2014

One Time Purchase Yes No Covers Need for months. Specific Period of time

thru

Prior Contract No.

Expiration Date

Emergency No.

Line # Commodity Description

Bal. on Hand

Quantity UOM

Est. Unit Cost

Extended Cost

Business Unit and Object Account

1,000 578

Cups, Drug Testing cups,

eight panel cup to test for:

<

>

4,000.00 EA

3.5000

14,000.00

2390954.530275

-Amphetamines

-THC (Marijuana)

-Opiate 300

-Cocaine

-PCP

-Metamphetamines

-Oxycodone

-Benzodiazepines

The cup itself must be self-contained. It must include a confirmation line, temperature strip, built-in timer, a ten (10) minute maximum for the results and an accuracy of 98% or better.

The cup must remain stationary during processing and it must have a built-in adulterant detection system.

The cup must be Food and Drug Administration (FDA) approved and must meet Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines.

Test results must be able to be photocopied.

The vendor must deliver multiple shipments not to exceed two(2) shipments due to the cups' expiration date. The expiration date must be no sooner than twelve (12) months from the date of the vendor's shipment.

Shipping must be included in the quote price.

Prior to award, a sample drug testing cup must be sent to:

CERTIFICATION

I hereby certify that the items and/or services above are necessary to this department (or institution) and that the cost, no. account & activity numbers indicated above accurately reflect the specific line item budget appropriation approved by the Board of County Commissioners and there is a sufficient unencumbered balance in the account to grant same.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

REQUISITIONER

BUREAU or DEPARTMENT HEAD

ACCT #

DATE

BY

RECEIVED
OFFICE OF THE
PURCHASING AGENT
2014 APR -3 AM 8:50
TIME KEEPER

Purchase Requisition

Office of the Purchasing Agent

Cook County of Illinois

Requisition # OR 113175 Contract #

Open Date

Ship To: 461073

 Sheriff - Boot Camp
 2801 S Rockwell
 Chicago IL 60602-1304

Delivery Instructions:

 Niki Solomon
 312-603-0057

Supplier: 299999

TEAM LEAD MAILBOX

Buyer Number

Bid/Sole Src Code

BSP

Business Unit

2390954

Internal Req Number

42390021

Board App Date & Item

Requisition Date

4/1/2014

Date Needed

4/1/2014

One Time Purchase Yes No Covers Need for months. Specific Period of time thru

Prior Contract No.

Expiration Date

Emergency No.

Line # Commodity Description

Bal on Hand

Quantity UOM

Est. Unit Cost

Extended Cost

Business Unit and Object Account

Lucy March

Cook County Boot Camp

2801 S. Rockwell Ave

Chicago, Illinois 60608

773-674-7957

 After award, the vendor must contact the using department prior to
 initial delivery.

Total of Items Ordered

14,000.00

CERTIFICATION

I hereby certify that the items and/or services above are necessary to the department (or institution) and that the dept. no., account & activity numbers indicated above accurately reflect the specific line item budget appropriation approved by the Board of County Commissioners and there is a sufficient unencumbered balance in the account to grant same.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

REQUESTOR

BUREAU or DEPARTMENT HEAD

ACCT #

DATE

BY

RECEIVED
 OFFICE OF THE
 PURCHASING AGENT
 2014 APR -3 AM 8:51
 TIME KEPT